

### School Sponsored Camps/Clinics Insurance Waiver

I fully understand that the Jefferson County schools do not provide any accident or health insurance coverage for my son/daughter while participating in the \_\_\_\_\_ camp/clinic at \_\_\_\_\_. The camp/clinic will take place on \_\_\_\_\_.

I fully understand that it is my responsibility to provide insurance coverage for my son/daughter.

#### **Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Home Business Cell

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relative (or Authorized Individual) Home Business Cell

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Parent/Guardian Athlete

Revised April 2006

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